| STATE OF SOUTH CAROLINA  | <b>)</b>   |
|--|--|
| (Caption of Case)  | ) BEFORE THE   |
| Example: Application for a Class C Charter Certificate from  | PUBLIC SERVICE COMMISSION  |
| John Doe dba Doe's Limo  | OF SOUTH CAROLINA  |
| Car col meter por  | TRANSPORTATION COVER SHEET   |
| Coop contained of Coops  | DOCKET 2-12  |
|  | NUMBER: 2013 _ 351 _ 7   |
|  | If this is C   |
|  | If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before a P. |
| (Please type or print)   | have filed with the Commission before, a Docket Number was assigned and should be entered above.   |
| Submitted by: Brand Douglas  | Telephone: (843) 446- 2026   |
| Address: Lal3 37th ave. N, Apt C   | Fax:   |
| Mysoo Boach, SC.   | Other:   |
| 29577  |  |
| NOTE: The cover sheet and information contained herein neither replace as required by law. This form is required for use by the Public Service Copy in the Public Service Copy is the Public Service Copy in the Public Service Copy in the Public Service Copy is the Public Service Copy in the P | Email: s nor supplements the filing and service of pleadings and the   |
| as required by law. This form is required for use by the Public Service C be filled out completely.  | Commission of South Carolina for the purpose of docketing and must   |
| NATURE OF ACTION   |  |
| Application - Class A/A Restricted   |  |
| Application - Class C Taxi   | Request for Name Change on Certificate   |
| Application - Class C Charter  | Request to Amend Scope of Authority  |
| Application - Class C Charter Bus  | Request to Amend Tariff (rate increase, etc.)  |
|  | Request to Amend Passenger Limit   |
| Application - Class C Non-Emergency  | Request  |
| Application - Class C Stretcher Van  | Exhibit  |
| Application - Class E Household Goods  | Late-Filed Exhibit   |
| Application - Class E Hazardous Waste  | Letter SFD   |
| Application  | Proposed Order   |
| Request for Extension to Comply with Order   | Late-Filed Exhibit  Letter  Proposed Order  Publisher's Affidavit  Reservation Letter  |
| Request for Order Granting Authority to Obtain a Certificate   | Pagametic V.   |
| of Public Convenience and Necessity to be Rescinded  |  |
| Request for Cancellation of Certificate  | Response   |
|  | r .  |
| Request for Suspension   | Return to Petition   |
| Request for Suspension  Request for Reinstatement  | Return to Petition Other:  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



2013-351-T 246325

# PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

9-18-13-4

Phone: (803) 896-5100

Fax: (803) 896-5199

# APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

| •  | CLASS C - CHARTER   |
|----|---|
| 0  | Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.   |
| 1. | Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)  Base Base A decimal to the conducted (corporation) partnership, or sole proprietorship, with or without trade name.)  |
|    | Street Address' of Applicant & 2577   |
|    | Mailing Address of Applicant (if different from street address)  (843) 446- 2026  Phone  Fax  |
| •  | Email Address   |
| 2. | If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.) |
| 3. | Select Entity Type: (Check one)  Individual Owner/Sole Proprietorship   |
|    | Partnership - List names and addresses of all person having an interest in the business.  |
| -  | Partnership - List names and addresses of all person having an interest in the business.  Corporation - List names and addresses of two principal officers.  SEP 18 2013  |
|    | CLERK'S OFFICE  |
|    | - CE  |

goi

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### BALANCE SHEET

|                               | Balance at Time Application is Filed:  Month Year |
|-------------------------------|---|
| Assets:                       |   |
| Cash                          | 1 4000  |
| Receivables                   | 1,500.00  |
| Real Estate                   |   |
| Buildings and Equipment (Net) |   |
| Motor Vehicles (Net)          |   |
| Garage Equipment (Net)        |   |
| Machinery and Tools (Net)     |   |
| Supplies on Hand              |   |
| Prepaids and Other Assets     |   |
| Total Assets*                 | 1 500 00  |
|                               | 1,500.00  |
| Liabilities and Equity:       |   |
| Accounts Payable              |   |
| Notes Payable                 |   |
| Mortgages Payable             |   |
| Equipment Obligations         |   |
| Accrued Salaries and Wages    |   |
| Other Accrued Obligations     |   |
| Other Liabilities             |   |
| Total Liabilities             |   |
| Capital Stock                 |   |
| Retained Earnings             |   |
| Total Equity                  |   |
| Total Liabilities and Equity* |   |
|                               | 1,500.00  |

<sup>\*</sup> Total Assets = Total Liabilities and Equity

### PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

Curon Cag 00.001 de

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina. Abbeville Cherokee Florence Lee Saluda Aiken Chester Georgetown Lexington Spartanburg Allendale Chesterfield Greenville Marion Sumter Anderson Clarendon Greenwood Marlboro Union Bamberg Colleton Hampton **McCormick** Williamsburg Barnwell Darlington Horry Newberry York Beaufort Dillon Jasper Oconee Berkeley Dorchester Kershaw Orangeburg Statewide Calhoun Edgefield Lancaster Pickens Charleston Fairfield Laurens Richland

### DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

| ☐ 1-7 Pa | nber of Passengers Vehicle is don the number of seatbelts ssengers, including driver assengers, including driver | s <u>Equipped to Carry: (</u> The number of pass<br>in the vehicle, including the driver's seat | engers a vehicle is equipped<br>belt.) |
|----------|--|---|--|
| MAKE     | YEAR & MODEL   | VIN#  | EMPTY WEIGHT                           |
|          |  |   |  |
|          |  |   |  |

### INSURANCE QUOTE

This form <u>MUST BE COMPLETED AND SIGNED</u> by an <u>AUTHORIZED INSURANCE COMPANY REPRESENTATIVE</u>. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

|  | " of the rate. This is ONLY A QUOTE.                       |
|--|--|
| The following insurance quote is for:  | •  |
| Brian Douglas Bas  | of Applicant   |
| 1012 37th MIS at 2015  | 7 Applicant  |
| Was 37th Ave N. Apt C  | 1 148,20 29517   |
|  | of Applicant   |
| Amount of Premium:   | Limits Quoted: (See Below)                                 |
| Liability Insurance \$ 2,558.00  | Limits _ 300,000 CSL                                       |
| The above quoted premium is for a term of  | months.  |
| Minimum Limits - Intrastate Only:  | _  |
| 1-7 Passengers* \$ 25,000/50,000/25,00   | 00 * Passengers - N. 1 c                                   |
| 8-15 Passengers* \$ 25,000/100,000/25,0  | of scatteris in the venicle.                               |
| tor-vet 6  |  |
| Name of Insu   | rance Company  |
| 158 N. Handow Caty 4th Home Office Ad  | Floor, Melbourne, FL 32935                                 |
| I am familiar with the Commission's Rules and Regulatio<br>meets the minimum insurance limits prescribed. The insu<br>South Carolina Department of Insurance to do business in | ons relating to insurance requirements and the above quote |
| a/1-to/13 Joseph   | Insurance Company Representative's Signature               |
|  | _  |

#### NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

# Exhibit Fit, Willing, and Able (FWA)

| Buran Douglas Babbitt Name of Applicant  |
|--|
| * P  |
|  |
| <ol> <li>Are there currently any outstanding judgments against the Applicant?</li> <li>Yes</li> </ol>  |
| If Yes, indicate nature of judgement(s) against applicant.   |
| The second secon |
|  |
|  |
|  |
|  |
|  |
|  |
| 2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor statutes and regulations?  |
| V Yes O No   |
|  |
| 3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated  |
| Yes O No   |
| •  |

### **Exhibit on Driver Qualifications**

| hat all drivers must be a minimum of 18 years of age.   |
|---|
| O No  |
| nat a certified copy of the driver's three (3) year driving record issued by the SC DMV of the state in which the driver is or has been domiciled for such period must ONO  |
| at a criminal history background check from the state where the driver currently lives  O No  |
| t all drivers operating a vehicle under a Class C Certificate must have in rating a charter vehicle, a valid driver's license issued by the SC DMV or the current iver.   |
| ○ No  |
| all Class C Certificate holders are prohibited from employing or leasing registered, or required to be registered, as sex offenders with the South Carolina vision or any national registry of sex offenders.  No |
|   |

#### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Applicant's Signature

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA

COUNTY OF \_

2013

TOTAL PUBLIC

Commission Expires